

CHILD SUPPORT

1

To Get The First Court Order

Part 1: Completing and Filing
the Court Papers
(Forms Packet)

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SELF SERVICE CENTER

ESTABLISH COURT ORDER FOR CHILD SUPPORT

PART 1 -- PETITION AND OTHER COURT PAPERS

How to assemble these documents

This packet contains court forms to file a Request to Establish an Order of Child Support. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRES1ft	Table of forms in this packet	1
2	DRES1k	Checklist for Petition and Other Court Papers	1
3	DRFC10f	<i>“Family Court Cover Sheet”</i>	2
4	DRES11f	<i>“Request to Establish Child Support”</i>	1
5	DRES81f	<i>“Order to Appear”</i>	1
6	DRS12f	<i>“Parent’s Worksheet”</i>	7

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SELF-SERVICE CENTER

FORMS

PETITION AND PAPERS FOR FIRST COURT ORDER FOR CHILD SUPPORT

CHECKLIST

Use the forms in this packet only if the following factors apply to your situation:

- ✓ You already have a court order for paternity or both parties have signed a ***“Voluntary Acknowledgment of Paternity,”*** OR
- ✓ You and the other party to this case were married to each other when the child(ren) were born or conceived, have since divorced or legally separated, and child support was never established, AND
- ✓ You want a court order to establish child support BUT NOT child custody and visitation

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Superior Court of Arizona
Maricopa County
Family Court Cover Sheet

For Use *WITH* Minor Children

Check only one:

- ☐ **Dissolution (Divorce)**
☐ **Legal Separation**
☐ **Annulment**
☐ **Order of Protection**
☐ **Paternity**
☐* **Custody/Visitation**
☐* **Child Support**
☐ **Other**

* Check only if no other category applies

**Case Number (Clerk will stamp
case # when documents are filed)**

ATLAS number(s): (if applicable)

Instructions:

- You must provide the following information about yourself and the other party.
- Type or print neatly in black ink.
- If more room is needed for children or Petitioner/Respondent, please attach a separate page.

Information About the Petitioner:

Name: _____

Address: _____

City, State, Zip: _____

Home phone #: (____) _____

Work phone number: (____) _____

Cell phone/pager: (____) _____

Date of Birth: _____

Social Security #: _____

E-mail address: _____

Information About the Respondent:

Name: _____

Address: _____

City, State, Zip: _____

Home phone #: (____) _____

Work phone number: (____) _____

Cell phone/pager: (____) _____

Date of Birth: _____

Social Security #: _____

E-mail address: _____

Lawyer's Name and Bar Number: _____

(Provide this information only if YOU have an attorney)

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Names and D/O/B's of any OTHER minor children of the petitioner and/or the respondent, who are NOT involved in this case: _____

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No. If yes, please describe, and provide case numbers if known:

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court?

☐ Yes ☐ No

If No, in what court was the Order of Protection granted?

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number:

INTERPRETER: Is an interpreter needed for either of the parties? If so, please check the appropriate boxes below. **NOTE: THIS IS NOT A REQUEST FOR AN INTERPRETER, THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner ☐ Respondent Language: ☐ Spanish ☐ Other _____

LOCATION (Check the Superior Court location where you are filing these documents):

☐ Downtown Phoenix ☐ Southeast Regional (Mesa) ☐ Northwest Regional (Surprise)

Name of Person Filing: _____(1)
Address: _____
City, State, Zip Code: _____
Daytime/Evening Telephone Number: _____ / _____
ATLAS Number (if applicable): _____
Person Filing is: ☐ Self, Without a Lawyer or ☐ Attorney for ☐ Petitioner ☐ Respondent
Attorney Bar Number (if applicable): _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____(2) **CASE NO. (3) _____**
Petitioner
vs. **REQUEST TO ESTABLISH**
CHILD SUPPORT
_____(2)
Respondent

I am providing support for or have physical custody of the following child(ren):

(4) Name (first, middle, last) Date of Birth

The other party is the natural or adoptive parent of the child(ren) listed above and has a legal duty to provide support pursuant to A.R.S. § 25-501.

(5) Paternity for the above-named minor child(ren) common to the above parties was established by:

- ☐ Court Order from this county or previously transferred to this county. (A.R.S. § 25-502(c))
☐ Affidavit of Acknowledgment filed on or after July 21, 1996 in accordance with A.R.S. § 25-812-814, or § 36-322).
☐ Parties were legally married when child(ren) was (were) born, conceived, or adopted.

WHEREFORE, I request that the court take any or all of the following actions.

- A. Order the other party to pay Guideline Child Support and provide other relief as requested in the attached Parent's Worksheet.
B. Order payment of costs and attorney fees, if appropriate.
C. Order such other relief as deemed necessary and appropriate by the court.

I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

Do not sign until directed to do so by a Notary Public or a Clerk of the Superior

(6) _____
Requesting Party

STATE OF ARIZONA)
COUNTY OF _____)

Subscribed and sworn or affirmed and acknowledged before me this date _____

by _____
Notary Public or Clerk

My commission expires: _____

Name of Person Filing: _____ (1)
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self, Without a Lawyer or ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY (2)**

(3) _____
Name of Petitioner

Case No. _____ (5)

ORDER TO APPEAR

(4) _____
Name of Respondent

READ ME: This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for help.

Based on the Request to Establish Child Support, the documents filed with it, and pursuant to Arizona Law,

IT IS ORDERED THAT YOU _____ appear at the time and place stated below so the court can determine whether the relief asked for in the Request should be granted.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: _____

IT IS FURTHER ORDERED that a true copy of this "**Order to Appear**" and a true copy of the Petition and documents filed with the Petition shall be served by the moving party on the parties who are required to appear and a true copy of these documents shall be mailed immediately to parties who have appeared in this action, in accordance with Arizona Rules of Civil Procedure, Rule 5.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the Judge or Commissioner scheduled to hear this case five days before your scheduled court date.

DONE IN OPEN COURT: _____.

Judge/Commissioner of the Superior Court

READ ME. This is a 15-minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____
Evening Phone: _____
Representing: ☐ Self ☐ Attorney
State Bar Number: _____

SUPERIOR COURT OF ARIZONA
IN _____(2) COUNTY

(3) _____)
Petitioner/Plaintiff,)
_____))
_____))
DOB _____ SSN _____)
VS. _____)
_____))
(4) _____)
Respondent/Defendant,)
_____))
_____))
DOB _____ SSN _____)

Case No. (5) _____

ATLAS No. _____

**PARENT'S WORKSHEET
FOR CHILD SUPPORT AMOUNT**

Prepared By:
(6) ☐ Father ☐ Mother
☐ Court ☐ State

MONTHLY GROSS INCOME

Total Monthly Gross Income

(7) Estimated/Attributed to: ☐ Father ☐ Mother
(Explanation is required on the sheets following
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father Mother

_____ (8) _____

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid _____ (9) _____

Court-Ordered Child Support Actually Paid or _____ (10) _____

Contributed for Children of Other Relationships _____ (11) _____

Cost of Supporting Children of Other Relationships _____ (12) _____
(Explanation is required on the sheets following the
signature page at Item 11)

Adjusted Monthly Gross Income for Each Parent _____ (12) _____
(add or subtract lines 9 through 11 from line 8)

COMBINED ADJUSTED MONTHLY GROSS INCOME

Add both amounts from line 12 together.

(13) _____

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested: (14) _____
provide details on the sheets following the
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) _____

ADJUSTMENTS FOR NECESSARY EXPENSES

You may need to complete items 30-31; (Explanation is required
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21)	_____
Total Adjustments for Necessary Expenses	(22)	_____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22) (23) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation _____ (29) _____

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

Father

Mother

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days _____ Per year (Explain on page 7)

Visitation Table Percentage _____ X Line 15 = _____ (30) _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] _____ (31) _____

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) _____ (31) _____

EXTRA EDUCATION ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) _____ (31) _____

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) _____ (31) _____

COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) _____ (31) _____

ADJUSTMENTS SUBTOTAL

Add lines 30 and 31. _____ (32) _____

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 32 from line 29. _____ (33) _____

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL

Father

Mother

Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

_____ (34) _____

MULTIPLE CHILDREN, DIVIDED CUSTODY

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.

_____ (35) _____

SELF-SUPPORT RESERVE TEST

Paying parent's Adjusted Gross Income from line 12

_____ (12) _____

Minus reserve

(\$710) (36a) (\$710)

Minus arrears

() (36b) ()

RESULT

_____ (37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37.

_____ (38) _____

DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.

_____ (39) _____

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page.

_____ (40) _____

Mother

Percentage of uninsured medical expenses that each parent should pay. _____ (41) _____

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date _____ Signature of Person Filing _____ (42)

State of Arizona)
)ss. Acknowledged before me on this date: _____
County of)

My Commission Expires: _____
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by _____.

Date: _____

Attorney Filing

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Children of Other Relationships - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

(11 – cont.) Name(s)

Date(s) of Birth(s)

Social Security Number(s)

(14) Children for whom Support is Requested - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)

Date(s) of Birth

12 or over
Y / N

Social Security Number(s)

(17) Child Care Costs - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child
Care Costs

X

Number
of months

= Annual
Cost

X .75

= Adjusted
Cost

÷ 12 =

Adjusted
Monthly Cost

X

_____ =

X .75

= _____

÷ 12 =

Non-custodial Parent

Monthly Child
Care Costs

X

Number
of months

= Annual
Cost

÷ 12 =

Adjusted
Monthly Cost

X

_____ =

÷ 12 =

(21) Child 12 and Over - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

(30) Adjustment for Costs Associated with Visitation - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods _____ days

Weekend periods _____ days

Holidays periods _____ days

Midweek periods _____ days

School breaks _____ days

Other periods _____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

(34) Equal Time Sharing, Unequal Incomes – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

Divide the Amount of the Result by 2 (Result ÷ 2) = _____

(35) Multiple Children, Divided Custody – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

(39) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: \$ _____

(40) Visitation-Related Travel Expenses - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered. (Guidelines 16)

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]